

Bacterial Density Request Form

Please fill in all of the gray areas.



State of Idaho
Bureau of Laboratories
 2220 Old Penitentiary Rd.
 Boise, ID 83712
 208-334-2235
 EPA ID00018

CUSTOMER NAME / AGENCY:		
Address:		
City:	State:	Zip:
Attention:		Contact Phone:
Additional copy of report sent to: Name:		Agency, If Applicable
Address: City, State, Zip Code		
Collected by	Date Submitted (Mo, Day, Yr)	DEQ Project #

SAMPLE TYPE (Check Appropriate Boxes) <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 24%;"> <input type="checkbox"/> Wastewater <input type="checkbox"/> Raw <input type="checkbox"/> Final <input type="checkbox"/> Chlorinated </div> <div style="width: 24%;"> <input type="checkbox"/> Surface Water (Recreational) <input type="checkbox"/> Cross Composite <input type="checkbox"/> Depth Integrated <input type="checkbox"/> Grab </div> <div style="width: 24%;"> <input type="checkbox"/> Drinking Water <input type="checkbox"/> Ground Water (Monitoring) </div> <div style="width: 24%;"> <input type="checkbox"/> Sludge <input type="checkbox"/> Soil <input type="checkbox"/> Other </div> </div>			
PURPOSE OF SURVEY (Check one box) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Intensive Survey <input type="checkbox"/> Trend <input type="checkbox"/> Compliance <input type="checkbox"/> Other </div>			
SAMPLE TAKEN FROM (Check appropriate Boxes) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Reservoir <input type="checkbox"/> Lake <input type="checkbox"/> STP <input type="checkbox"/> Industrial <input type="checkbox"/> Drain <input type="checkbox"/> Lagoon <input type="checkbox"/> Other </div>			
PRESERVATION METHOD (Check appropriate boxes) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Cooled 4C <input type="checkbox"/> Sodium Thiosulfate <input type="checkbox"/> Both <input type="checkbox"/> Other </div>			
TEST REQUESTED (Check appropriate boxes) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> E.coli <input type="checkbox"/> Other (See Directions on Back of Form) </div>			

LABORATORY Sample Number (LAB USE ONLY)	Customer Sample ID	Sample Location	Date Collected (Mo/Day/Yr)	Time Collected (Military)

Chain-of-Custody Information

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

Special Instructions:

Get your forms on the web at: <http://www.healthy.idaho.gov>; select 'Lab Submission Forms'

LABORATORY USE ONLY

How Received: Courier Walk-In Mail # Bottles / Sample: 1 Container Type: IDEXX Nalgene
 Received by: _____ Billing / Receipt: _____ Lab Sample #: _____
 Date / Time Received: _____ Lab Order ID: _____

Updated 11/1/06

Bacterial Density Request Form Instructions

General

The person submitting the sample is responsible for legibly filling in all of the shaded areas on the submission form in ink. Failure to fill in the form completely may result in the sample being rejected. In addition, the label on the sampling container must be filled in to assure the integrity of the sample.

Each submission form may be used for submitting up to 8 samples at different times and locations. If you are submitting more than 8 samples taken on the same day just mark a second form as page 2.

A one inch head space must be left between the level of the sample and the lid to allow for adequate mixing of the sample before testing. It is recommended all samples be kept cold if the time between collection and testing exceeds four hours. Samples should not be shipped in loose ice to reduce the possibility of contamination. Results of samples which are partially frozen in transit may not be valid.

Requirements by Sample Type and Routine Testing Methods

Source water must be kept at $< 10^{\circ}\text{C}$ during transit and reach the laboratory within 8 hours of collection. Contact the Laboratory for testing methods.

Ambient/Recreational Water, Wastewater, and water associated with CAFOS must be submitted within 8 hours of collection. In the event it is impossible to deliver the sample to the laboratory within the 8 hour holding time due to distance from sampling site to laboratory the length of time from sampling to analysis must remain constant for the length of the project.

Ambient water/recreational water will be tested utilizing a defined substrate in an MPN format (SM9223B-QT) for total coliform and *E. coli*.

Wastewater and water associated with CAFOS will be tested utilizing fermentation broths with a minimum of 3 dilutions in an MPN format (SM9221B) for total coliform, (SM9221E) for fecal coliform, and (SM9221F) for *E. coli*.

Ground water monitoring and drinking water samples must be submitted and testing set up within 30 hours from the time of collection. It is recommended samples be kept at $< 10^{\circ}\text{C}$ during transit.

Ground water monitoring and drinking water samples submitted for quantitative analysis will be tested utilizing a defined substrate in an MPN format (SM9223B-QT) for total coliform and *E. coli*.

Additional Testing available upon request includes:

Heterotrophic plate count, Enterococcus, Legionella, Salmonella, *Pseudomonas aeruginosa*

Please contact the environmental microbiology section at 208-334-2235 if you have additional questions or testing requests